OFFICIAL FILE TLINOIS COMMERCE COMMISSION

ORIGINAL

For Commission Use Only:

ILLINOIS
COMMERCE COMMISSIOFORMAL COMPLAINT

2004 NOV 17: \triangleright 12: 55 Illinois Commerce Commission 527 E. Capitol Avenue

CHIEF CLERK'S OFFICE

Springfield, Illinois 62701

Regarding a complaint by (Person making the complaint): AGELIKI STAMELOS	Peodis Gas Lig
Against (Utility name): PEOPLES ENERGY PEOPLES GAS NORTHSHORE GAS	- and aki
As to (Reason for complaint) CHARGING ME FOR ACCOUNT NO.: 1 5000 3550 AMOUNT OF \$3,135.57 and ACCOUNT NO.: 1 5000 3549 9181 in	
\$3,791.69 FOR UNAPPROVED SERVICES FOR A BUILDING JUST PUR 4700 N. Ravenswood and CHICAGO	CHASED
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:	
My mailing address is 35 Bridlewood Lane Northbrook,	IL 60062
The service address that I am complaining about is 4700 & 4722 N. Ravenswood Chic	ago, IL 60640
My home telephone is [_847]205-0450	,
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [_773] 370-6000	,
(Full name of utility company) Peoples Energy/Peoples Gas (respond to the provisions of the Illinois Public Utilities Act. 130 E. Randolph Dr., Chicago,	ent) is a public utility and is subject IL 60601
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved w	ith your complaint.
Administrative Code, Part 280.	
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?	X Yes No
Has your complaint filed with that office been closed?	Yes X No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

GIVEN SERVICE AND CHARGED WITHOUT MY PERMISSION OR KNOWLEDGE.

I WAS CHARGED AFTER SERVICE WAS GIVEN WITH NO OPPORTUNITY TO

DISCONNECT IT OR TO PREPARE FOR IT.

Please clearly state what you want the Commission to do in this case:

TO DROP THEIR CLAIM AND EXCUSE THE UNAPPROVED CHARGES.

Date: 11/11/2004	Complainant's Signature Ogeliki Stonjeves
(Month, day, year)	
If an attorney will represent you, please give the attorney's nam	ie, address, and telephone number.
	60016 847-803-4030 one copy for each utility complained about (referred to as respondents).
VERIFICATION	
A notary public must witness the completion of this part of the f	form.
I, <u>Wanda Roycewicz</u> The contents of this petition are true to the best of my knowledge	, first being duly sworn, say that I have read the above petition and know what it says. ge.
(Signature) Wande Roycery	Λ
Subscribed and sworn/affirmed to before me on (month, day, ye	ear) 11-12-2004
Notary Public, Illinois OFFICIAL SEAL WANDA ROYCEWICZ NOTARY PUBLIC, STATE OF ILLING MY COMMISSION EXPIRES 8:22:20	

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call

the counselor in the Consumer Services Division that handled your informal complaint.